

**NEW HAMPSHIRE  
MEDICAL CARE ADVISORY COMMITTEE**

Department of Health & Human Services ♦ Office of Medicaid Business and Policy  
129 Pleasant Street ♦ Concord, NH 03301  
(603) 271-9422 ♦ Fax (603) 271-8431

**Michelle Winchester**  
**Chair**

**Lisa DiMartino**  
**Vice Chair**

**APPLICATION**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a short paragraph describing why you are interested and what you can bring to the committee. (Use the back or attach a sheet if necessary)**

**My Alternate will be:**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

Return to completed application to:  
Leslie Melby  
Leslie.Melby@dhhs.nh.gov  
129 Pleasant Street  
Concord NH 03301